

04/11/2017

House Committee on Health Care
Regarding HB 2408 (HB 2174)

Chair Greenlick, Vice Chair Nosse, Vice Chair Hayden and all members of the House Committee on Education:

My name is Jan Olson; I am a school nurse in two rural Oregon districts. I am writing this letter in strong opposition to HB 2408 for the reasons I will outline below. It is important for me to also outline the reasons why I strongly support HB 2174.

As a school nurse for 2 rural school districts I see day after day and year after year the growing need for mental health and social services in our school settings. In conversation with a seasoned teacher of over 30 years in one of my districts she is able to identify very distinct changes in mental health issues over three generations to a level that has not previously been experienced. She has petitioned each year for the need for a counselor in the school setting. Our counselors and our nurses, who already take on impossible caseloads, are met with spending a large amount of time on the welfare and access to care because of the lack of mental health resources and the increasing load of unaddressed mental health issues. HB 2174 appropriates money for hiring and placement of social workers in public schools. For those of us who work in the trenches, for lack of better term, we know that our counselors are already overwhelmed as are social workers, if we are fortunate to have them. In my two districts I am the sole nurse for 11 schools, in one district we have .5-2 counselors at every school and very few outside sources to refer students to because the lack of access in rural areas is huge, the disparities are huge. In my other district we have one-ONE- counselor for the entire district. Neither district has a social worker. Neither district has a school based health center (SBHC) either. It is important to also note, as cited by counselors entering rural districts from suburban districts, that the mental health issues are profoundly underdiagnosed and under addressed in rural communities, I see this as a RN as well. This begs for more internal resources for ALL schools.

HB2408 is not an effective or fiscally prudent way to meet the needs of a population base. While SBHC's meet the needs of *some* students, a small subset of the population, and their own data supports this, they are not designed to meet underserved children in our communities at the school level and are not versed in the specific demographics that school employees understand, additionally they are not members of a school team, and they are third parties. The statistics do not suggest that SBHC's serve the majority of students nor do they serve students continually. Counselors, socials workers and school nurses, however are true population based resources, who provide consistent and ongoing student intervention. While all of us in professional roles would be impressed upon to see mental health resources are more accessible in the SBHC's it would be in a capacity of an outside agency referral that it would be of value and that it would maintain legality.

In the current state of education funding it seems an inappropriate time to be spending valuable tax payer money on the expansion of SBHC's when districts will likely be laying off school staff. Metro area districts have already began cutting mental health staff. For many of us, the resources are not present. Staff reduction often disproportionately affects non-teaching staff and will negatively impact the provision of mental health care directly in the schools.

It is important to understand that I provide this information to you as a seasoned public health nurse with nearly a decade in county public health prior to school health. I have seen the flip side of school based health operations and I have seen public health evolve every year into more of a business structure and less of a public health structure that lends itself to population based care and protection of our public as public health was designed to do. I struggle, as many public health nurses do, with seeing SBHC's funded, that are the equivalents of FQHC's (federally qualified health centers), which are already available to our urban and suburban communities- while other traditional public health programs go unfunded or experience chronic cuts. While SBHC's have a role and a purpose for communities or demographics with diminished access to primary care, they in fact should be regarded as such and not compromise the already limited education funds. We need solid resources within the school district that are school district employees to provide direct student access within a multidisciplinary team before we fund what can be described as a duplication of services that happen to be located on school campuses. We need to rationally acknowledge that the SBHC role is different than school staff; clinical staff in the SBHC does not replace school nurses and mental health workers should not replace counselors or social workers.

Section 2 of HB 2408 appropriates \$3,000,000 to increase student access to school based mental health care providers. Because school counselors are not mandated it is a position that becomes easy to cut with budget shortfall. Counselors are necessary positions within the school setting and it becomes question of equity and congruity for students in Oregon. They all deserve counselors and social workers.

A pilot program to decrease rates of school absenteeism by using a trauma informed approach (Section 3 of HB 2408) is not a prudent expenditure or model rather this need is already well documented and lends itself to support the need for supplying counselors and social workers in the school settings to meet these needs. Our social workers and counselors are ready at every moment during the school day to not only keep kids in school but to build rapport and trust in their schools, it is not the role of the SBHC and SBHCA to be a third party of these multidisciplinary teams and they do not have access to build the same relationships with students and staff.

The referenced pilot program is intended to hire social workers and house them in SBHC. SBHC staff does not have access to school children, nor do they have access to school records or multidisciplinary team functions. It is against the law for confidential student information to be shared with outside providers and would actually pose a barrier to care. While SBHC are located on school grounds they function and run independent of the district, in the scope of a primary care, as previously noted, and staff in these third parties cannot enter the school to attend to the needs of students. School staff attends to the needs of school children and school staff is what needs to be funded, it is dangerous to consider limiting resources.

When we consider reducing absenteeism, it is important that the focus on this reduction be someone who is informed on process of daily occurrences, who has access to attendance records and other dynamics that may be occurring at school or home and understands the education setting. A social worker employed by the district is privileged to this information and the school team. A social worker who is employed by an outside agency and who is not a district employee cannot have access to attendance information and is not privileged to other education information; this is the equivalent of asking your family practitioner to reduce absenteeism. Further, it is against the law in regards to FERPA (Family Educational Rights and

Privacy Act). We cannot discuss any personal information about a student with non-school district staff. School counselors, social workers and school nurses have access to the information necessary to keep kids in school. We know that having these staff members in school improves absenteeism of students, it is well documented. We would be doing a disservice by allowing staff to be cut and but fund outside agencies. SBHC social workers cannot work with staff to address absenteeism if they cannot have access to information about students. The suggested legislation diminishes the importance of our multidisciplinary teams in favor of duplicating services that do not have legal access to positive outcomes.

Because of the evolving social climate in our country and the increased demands of school employees our state is becoming better versed in trauma informed approaches to education. Educators, administrators, counselors and nurses have all had access to these trainings and information and according to Trauma Informed Oregon, there 29 organizational and individual experts in this field located throughout Oregon. There are already 7 Trauma Informed summits and forums scheduled from this week through the school year in various cities throughout Oregon. Making effective use of existing experts in our state provides much more prudent use of taxpayer money rather than beginning a pilot program to hire and create experts and then base them in SBHC where they will not be effective team members. The proposal effectively attempts to replace services that school staff should be performing, but does so in a manner that is not consistent with federal education information laws and duplicate services of FQHC's and primary care while diminishing multidisciplinary teams and thus overall student access. While SBHC's are of value can often bridge gaps, they should not occupy needed education funds by duplicating or removing services or positions from the school districts directly. We have to be very cautious to allow SBHC's their role and allow school district employees their roles and maintain legal boundaries of other existing laws which HB 2408 threatens. As a school nurse I do not speak against SBHC's as an entity, we just need to be cautious not to blur the roles between schools and SBHC's and in the process reduce student access to care, resources and effective, proven roles of multidisciplinary teams. We need instead to advocate for our whole population and advocate for our students and staff.

As a school nurse, as a seasoned public health nurse, as a college professor, as a colleague of highly respected counselors, and as a mom. I request that you give funds to ODE to provide access to school counselors and social workers to directly and wholly serve our student population. HB 2408 does not do this. As a school nurse I want to also suggest that we fall shorter than 49 other states in our provision of nursing services, school nursing services that are also very different than SBHC services. Allowing for cuts of essential staff creates a further shortfall as more social issues will fall in the lap of already overwhelmed nursing staff. SBHC's are valuable, but are not essential, counselors and social workers are. Please preserve our valued staff and provide social equity to our entire population base of students.

Warmest Regards,
Jan Olson, MSNEd, BSN, RN
District Nurse-Molalla River School District
District Nurse-Colton School District
Adjunct Professor-Linfield College School of Nursing
OSNA Member
NASN Member